

<i>SERFF Tracking Number:</i>	<i>NAVG-125725250</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>IAP-R-708-AR</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Insurance Agents Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Insurance Agents Professional Liability Rate Filing/IAP-R-708-AR</i>		

Filing at a Glance

Company: Navigators Insurance Company		
Product Name: Insurance Agents Professional Liability Program		
SERFF Tr Num: NAVG-125725250 State: Arkansas		
TOI: 17.1 Other Liability - Claims Made Only	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 17.1019 Professional Errors & Omissions Liability	Co Tr Num: IAP-R-708-AR	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Valerie Brink	Disposition Date: 08/29/2008
	Date Submitted: 08/26/2008	Disposition Status: Filed
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Insurance Agents Professional Liability Rate Filing	Status of Filing in Domicile: Pending
Project Number: IAP-R-708-AR	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/29/2008	
State Status Changed: 08/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
This is a rate filing for our Insurance Agents Professional Liability Program which was approved by your Department on 3/5/07 via our company filing number IAP-AR-R-207. We are revising the rating plan for our Insurance Agents program to reflect a 20% base rate reduction.	

SERFF Tracking Number: NAVG-125725250 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: EFT \$100

Company Tracking Number: IAP-R-708-AR

TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Product Name: Insurance Agents Professional Liability Program

Project Name/Number: Insurance Agents Professional Liability Rate Filing/IAP-R-708-AR

Company and Contact

Filing Contact Information

Valerie Brink, Compliance Analyst
1375 E. WOODFIELD RD
SCHAUMBURG, IL 60173
vbrink@navg.com
(847) 285-9044 [Phone]
(847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company
1375 E. Woodfield Rd.
Schaumburg, IL 60173
CoCode: 42307
Group Code: 510
Group Name: Navigators Group, Inc.
State of Domicile: New York
Company Type: P&C
State ID Number:
(847) 285-9006 ext. [Phone]
FEIN Number: 13-3138390

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Navigators Insurance Company	\$100.00	08/26/2008	22141009

SERFF Tracking Number: *NAVG-125725250* *State:* *Arkansas*
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Company Tracking Number: *IAP-R-708-AR*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Insurance Agents Professional Liability Program*
Project Name/Number: *Insurance Agents Professional Liability Rate Filing/IAP-R-708-AR*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	08/29/2008	08/29/2008

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Disposition

Disposition Date: 08/29/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Navigators Insurance Company	-20.000%	\$0	0	\$0	%	%	-20.000%

SERFF Tracking Number: *NAVG-125725250* *State:* *Arkansas*
Filing Company: *Navigators Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *IAP-R-708-AR*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Insurance Agents Professional Liability Program*
Project Name/Number: *Insurance Agents Professional Liability Rate Filing/IAP-R-708-AR*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Rate	Insurance Agents and Brokers professional Liability Guidelines	Filed	Yes

SERFF Tracking Number:	NAVG-125725250	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	EFT \$100
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TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1019 Professional Errors & Omissions Liability
Product Name:	Insurance Agents Professional Liability Program		
Project Name/Number:	Insurance Agents Professional Liability Rate Filing/IAP-R-708-AR		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	03/05/2007
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Navigators Insurance Company	-20.000%	-20.000%	\$0	0	\$0	%	%

<i>SERFF Tracking Number:</i>	<i>NAVG-125725250</i>	<i>State:</i>	<i>Arkansas</i>
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Insurance Agents and Brokers professional Liability Guidelines	Page 1-5	Replacement	IAP Guidelines 5.23.08.pdf

NAVIGATORS INSURANCE COMPANY RATE INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY GUIDELINES

<i>Mandatory Characteristics</i>	<i>Preferred Characteristics</i>
<p>1. <i>Firm Size</i></p> <p>No size restriction</p>	<p>1. <i>Client Communication</i></p> <p>Use of engagement letters on all new clients, fee agreements and declination letters otherwise apply appropriate surcharge.</p>
<p>2. <i>Revenue</i></p> <p>Revenues must be below \$1,000,000</p>	<p>2. <i>Computerized Docket System</i></p> <p>Use of computerized docket system.</p>
<p>3. <i>Areas of Practice</i></p> <p>Eligible risk must be Insurance Agent or broker, placing greater than 50% of its client premium in personal lines insurance.</p> <p>Risks will no longer be eligible if the insured is acting as a managing general agent, or underwriter or if the insured is acting as an agent or broker in the follow insurance areas, aviation, ocean marine, professional liability (other than their own), reinsurance intermediary and financial planner or investment advisor.</p>	

NAVIGATORS INSURANCE COMPANY RATE INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY GUIDELINES

Eligible Risk:

Insurance Agents and Brokers eligible for insurance through Navigators Insurance Company must meet the following criteria:

1. Have an annual commissions less than \$1,000,000 (USD),
2. Place greater than 50% of their clients insurance needs in personal lines insurance
3. Be claims Free
4. Not Act as a managing general agent, or underwriter or if the insured is acting as an agent or broker in the follow insurance areas, aviation, ocean marine, professional liability (other than their own), reinsurance intermediary and financial planner or investment advisor.

How to Use Model

After reviewing the firms application and determining that revenues are less than \$1,000,000, greater than 50% of the insurance placements are personal lines, the insured is claims free and is not involved in any of the areas's outlined in item # 4 above:

STEP # 1- Establish Base Premium

Review application for commission; determine band risk belongs for base premium

Commission Income		
\$100,000 or less		\$1,800
\$100,001-\$200,000		\$2,200
\$200,001-\$300,000		\$2,600
\$300,001-\$400,000		\$3,000
\$400,001-\$500,000		\$3,400
\$500,001-\$1,000,000		\$5,200

NAVIGATORS INSURANCE COMPANY RATE INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY GUIDELINES

STEP # 2 Determine Deductible

The base deductible is \$5,000, if the insured wishes to have a deductible less or greater than \$5,000 apply factors as attached;

Deductible		Factor
\$2,500		1.1
\$5,000		1.0
\$10,000		0.9

STEP # 3 Determine Limit of Liability

The base limit is \$500,000 if the insured prefers higher limits apply the attached factors;

Increased Limits Factors		Factor
\$500,000/\$500,000		1
\$500,000/\$1,000,000		1.15
\$1,000,000/\$1,000,000		1.25
\$1,000,000/\$2,000,000		1.4

STEP # 4 Determine Retro-Active Date:

The rating model does not have to be adjusted for risks with less than 24 months (two years) retro from the inception date of coverage. Risks requiring greater 24 months (two years) will be assessed a debit of 5%

STEP # 5 Risk Management Credits

Is the principal/principals active in the business,	Credit 2%
Does the agency maintain a computerized docket system,	Credit 2%
Is all incoming mail date stamped,	Credit 2%
Does firm maintain a manual binder log,	Credit 2%

STEP # 4 Underwriter Discretionary Debit /Credit

Extended Reporting Period Parameters

<p><i>Endorsements</i></p> <p><i>Applicable Debit and Credits for Endorsements and Exclusions:</i></p> <ul style="list-style-type: none"> • <i>Limit of Liability and Deductible</i> (LLF NAV ENDT 102)- Increase Limit Factors and deductible Debit/ Credit factors as outlined will be applied. • <i>Period of Insurance</i> (LLF NAV ENDT 405) industry standard pro-rata or short rate premiums will be applied or returned. • <i>No additional premium will be assessed upon adding any exclusion under said policy.</i>

NAVIGATORS INSURANCE COMPANY RATE INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY GUIDELINES

Limit of Liability and Deductible	LLF NAV ENDT 102
Amend Declarations Page: Item.2 Period of Insurance	LLF NAV ENDT 405
Amend Declarations Page: Retroactive Date	LLF NAV ENDT 103
Cancellation Endorsement	LLF NAV ENDT 105
Deleting Endorsement	LLF NAV ENDT 110
Extended Reporting Period Option Endorsement	LLF NAV ENDT 111
Independent Contractors Extension	IAP NAV ENDT 100
OFAC Endorsement	LLF NAV ENDT 404
Policy Period Extension	LLF NAV ENDT 123
Premium Amendatory Endorsement	LLF NAV ENDT 124
Prior and Pending Litigation Exclusion	LLF NAV ENDT 126
Specific Entity Exclusion	LLF NAV ENDT 128
Suits for Fees Exclusion	LLF NAV ENDT 130

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Product Name: Insurance Agents Professional Liability Program
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Filed 08/29/2008
Comments:
Attachment:
AR Transmittal Document.pdf

Bypassed -Name: NAIC Loss Cost Filing Document for OTHER than Workers' Comp
Review Status: Filed 08/29/2008
Bypass Reason: Not applicable
Comments:

Bypassed -Name: NAIC loss cost data entry document
Review Status: Filed 08/29/2008
Bypass Reason: Not Applicable
Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<table border="1"><tr><td>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</td></tr></table>	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]		
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.		

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	